

Helping Addicts Recover Progressively

(Formerly known as the Heroin Addiction Recover Program)

Program Evaluation Final Report

Chesterfield County Jail
Chesterfield, Virginia

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Executive Summary of Research Findings

To evaluate the effectiveness of the *Helping Addicts Recover Progressively* (formerly known as the *Heroin Addiction Recovery Program*) we employed a mixed methods research design involving qualitative and quantitative methods encompassing a 15-month period from January 2018 to May 2019. We studied four aspects of the HARP program as indicated below.

A brief summary of our results are as follows:

1. Perspectives of internal and external stakeholders regarding HARP programming and expectations:

- Interviews with internal stakeholders indicated they (n=12) were knowledgeable about the structure and curriculum components offered in the program but less informed about the rehabilitative process and expected outcomes at each phase. Everyone interviewed was supportive of the program and understood the need to address opioid addiction.
- Interviews with external stakeholders (n=5) found they were very supportive of the program and understood the need. HARP was consistently described as a peer-to-peer model with counseling and reentry services provided to those needing personal hygiene items and/or recovery housing. All external stakeholders expected that HARP provide participants with the tools necessary to manage their addiction.

2. Impacts of the recovery process on program participants and family members:

- Ten focus groups with male (n=32) and female (n=31) HARP participants revealed similar responses relative to curriculum modalities and the rehabilitative model, efficacy of program and treatment goals, and exit strategy and long-term recovery plans. Women, more so than men, talked about the emotional aspects related to their drug use and recovery process.
- Women and men consistently described barriers to release such as fear and the need for housing and employment following release from jail.
- Interviews with family members indicated they had excellent experiences with the HARP program, with positive changes observed in their family member enrolled in HARP. Family members also discussed positive impacts of their loved one's recovery as well as some strains.

3. Risk factors associated with opioid overdose:

- Self-reported surveys were administered to a sample of 197 HARP participants. The average age was 33, 55% were female, and 75% identified as White.
- No difference was observed between males and females in whether they overdosed or not, how many times they overdosed, the variety of drugs used, or whether they have a history of injection drug use.
- Significant differences were revealed between males and females in risk factors of overdosing and drug abuse.

4. Criminal history post release from HARP:

- HARP graduates are less likely to be arrested post release as compared to non-HARP graduates. Comparisons of criminal history records of those that graduated from the HARP program and those that did not (n=591), indicated that 28.4% of HARP graduates were re-arrested post release compared to 45.4% of non-HARP graduates.
 - 54.6% (n = 286) of non-HARP graduates were NOT re-arrested after their most recent jail release date.
 - 71.6% (n = 48) of HARP graduates were NOT re-arrested after their most recent jail release date.
- HARP graduates tended to be older, the average age of a HARP graduate is 35, while the average age of a non-graduate is 32.
- Males were significantly more likely to graduate from the program as compared to females. Specifically, 14.6% of males compared to 6.9% of females graduated from the program.
- Results of Multivariate Analysis (Logistic): Predicting Post Release Arrest:
 - Being male is marginally related to an increased probability of a post release arrest.
 - Being a HARP graduate is significantly related to reduced probability of a post release arrest.
 - Older individuals are significantly less likely to be arrested post release.

- Individuals with more lifetime arrests are more likely to be arrested post release.
- Controlling for the number of days since released from jail, HARP graduates are less likely to be arrested post-release as compared to non-HARP graduates.
- Individuals that are younger at the time of release, have longer criminal histories, and were released earlier in time are more likely to be arrested post release from jail.

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We are especially grateful to those that shared deeply personal and painful stories of abuse and loss that occurred during childhood and often continued through adulthood. Your experiences, perspectives, and insights were invaluable. Through the sharing of your stories, we are hopeful that you are healing and helping others.

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Background

Nationally, the opioid crisis has ravaged communities. According to the National Institute of Drug Abuse (NIDA, 2019), the United States experienced over 72,000 drug-related deaths in 2017 with 47,000 of those the result of opioids including prescription pain pills, heroin, and synthetic opioids such as fentanyl. In Virginia, 1227 people died of opioids in 2017 - more than half of those deaths were caused by fentanyl (Cammarata, 2017). Data from the Center for Disease Control and Prevention (CDC, 2016) shows that between 2015-2016 Virginia experienced a statistically significant increase in the number of deaths from fentanyl. Specifically, in 2015, there were 270 reported deaths from illicitly manufactured fentanyl - that number increased to 648 in 2016.

Chesterfield County, Virginia has been no exception. According to the Chesterfield County Police Department, between 2014-2015, the county went from 10 fatal overdoses to 18; non-fatal overdoses increased by 92 percent during this same timeframe. In 2016, there were 177 overdoses with 37 of those fatal. In 2017, the county experienced 41 fatal overdoses with an additional 182 non-fatal overdoses. The upward trend continued into 2018 with 255 overdoses; 46 were fatal.

In March 2016, after the county experienced their 10th overdose death, Sheriff Karl Leonard created the HARP program to interrupt the traditional cycle of arrest and release among heroin users with the main goal of saving lives. Using existing resources and creative programming, Sheriff Leonard opened the men's program and the women's program in September, 2016. While the program is still referred to as HARP, in September 2018, the name was changed to Helping Addicts Recover Progressively in order to expand treatment to those abusing and addicted to other drugs.

Jails must be equipped to address substance abuse and mental health needs. To that end, HARP fills a necessary gap in addiction-related services in Chesterfield County. Furthermore, according to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2005), "Jails can serve a pivotal role in engaging family members, peers and community organizations in supporting the recovery efforts of inmates" (p.162). While there are a number of challenges to providing services to those held pretrial or serving short-term sentences, Sheriff Leonard's commitment to providing addiction-related and mental health services to those in need is commendable.

HARP Program Description

The HARP program is a jail-based two-phase model that “utilizes...therapeutic, medical, and educational approaches to overwhelm” the individual in order to help them discover the tools to shape their road to recovery (HARP Program Manual, 3rd Edition). The HARP model recognizes the multifaceted nature of recovery with the understanding that approaching recovery from various angles is necessary. The program is built upon the foundation that addiction is a disease and not a crime and therefore, the HARP pod operates as a medical ward more so than a jail. Participation in HARP is voluntary and includes an application process. The application process consists of writing a letter to the program coordinator and/or Sheriff.

Once accepted into the program, inmates enter into Phase I and immediately begin to participate in peer-to-peer recovery, skills training, personal development, and discharge planning. Phase I completion requires approximately six months. There are no fixed start or completion dates which facilitates periodic entry as positions become available. Once all core requirements and personal development assignments are completed and the individual has shown progress, the individual will be recommended for graduation. Participants can be removed by decision makers for failing to progress, failing to abide by program rules, or other cause.

Phase II was recently implemented based on eligibility to participate in alternative sentencing such as work release or home incarceration. Phase II participants continue attending Narcotics Anonymous (NA) groups and/or work with other substance abuse groups or clinicians. Phase II participants are eligible to receive Peer Recovery Specialist Trainer Course offered by the Department of Behavioral Health and Development Services. Canteen funds are used to pay for the training. Phase II participants receive special housing and additional freedoms not afforded to those in Phase I.

One of the most progressive elements of the program is that participants do not need to be incarcerated to complete HARP. Although HARP is housed in the jail, the Sheriff allows released inmates to return daily (Monday through Friday, 12:30-3:30 pm), to participate in the peer-to-peer recovery sessions. This unconventional approach recognizes the limitations of time with respect to being incarcerated in a jail. In other words, jails house those being held pretrial, those with a relatively short sentence, or those awaiting transfer to the Department of Corrections. Those challenges can be prohibitive in addressing rehabilitation and treatment needs for jail populations.

Main components of HARP:

Peer-to-Peer Counseling - Presented as a crucial element of HARP, peer-to-peer counselors work with inmates regarding relapse prevention, conflict resolution, healthy relationships, criminal thinking, parenting, peer confrontation, coping skills, resume building, recovery lifestyle living, and the 12-Step Model.

Mental Health/Clinical - clinicians from the Chesterfield Community Service Board provide individual and small group counseling sessions using the Substance Abuse Stages of Change Therapy Model to address identifying triggers, managing stress, rewarding successes, effective communication, effective refusals, managing criticism, managing thoughts, managing cravings and urges, new ways to enjoy life, developing an action plan, recommitting after a slip, social support and identifying needs and resources. Providing mental health services is a crucial component of the program because many people who suffer from substance use disorders also have a co-occurring mental health disorder.

Medical - the medical Division consists of a Medical Doctor, Registered Nurse, Licensed Practical Nurses, and a Medical Assistant that provides comprehensive health care services to inmates. Members of the division provide direct assistance with physical withdraw from heroin or other opioids, as well as address other medical conditions that arise through addiction.

Family - HARP sponsors "Family Anonymous" sessions for family members of those in the program. The Sheriff's goal is to educate families and community members on the nature of addiction and to reduce the stigma associated with addiction. Family members are a vital partner in the recovery process. The program hosts quarterly family night events throughout the year. These sessions allow family members to see the environment where their loved ones are spending their time.

Spiritual - In partnership with faith-based providers, HARP participants have the opportunity to learn about faith and explore their recovery through personal feelings towards acceptance, forgiveness, handling 'going to' and 'getting out' of jail, and responsibility and accountability to family, job, and authority.

Aftercare/Reentry - information is provided regarding housing, financial planning, list of 12-step meeting dates, treatment centers, employment and educational opportunities, mental health resources, transportation, and help obtaining legal documents. One of the most important components of the reentry process is housing. Oftentimes, those suffering from substance use disorders do not have a place to live as they may have "burned bridges" with family and friends. In other cases, a return home may be unsafe because others are still using drugs.

Trauma Informed Care - to address the oftentimes underlying issues related to substance abuse, workshops focusing on the impact of adverse childhood experiences (ACEs) and trauma are offered by Dr. Allison Jackson, LCSW, of Integration Solutions, Inc. Dr. Jackson's evidence-based curriculum, Rising Strong, addresses the impact of ACEs on well-being, trauma's impact on the brain and risky health behaviors, and building individual and community resilience.

The Rising Strong curriculum teaches participants to cultivate authentic living experiences; increase their range of feelings and personal awareness by learning about vulnerability, shame, courage, and resilience; deepen levels of courage by teaching the art of giving, receiving, and soliciting feedback; strengthening compassion and boundary awareness; and develop practices for wholehearted living. Applicants for the Rising Strong class are model inmates with no serious infractions or behavioral problems. Participants complete five sessions for a total of fifteen hours of training. Those completing the program receive a Certificate of Completion.

For those who complete the Rising Strong curriculum, there is an opportunity to be trained and certified as a Peer Recovery Specialist (PRS). The PRS training involves 75 hours of training during incarceration and an additional 500 hours that must be completed and supervised at the Substance Abuse and Addiction Recovery Alliance Center (SAARA), a community-based recovery center. Upon successful completion of the intense training program and testing benchmarks, participants are eligible for certification as a PRS. Certified specialists are recognized as an essential part of recovery care as they offer hope and connection to those in need of services. In addition, receiving a certification as a PRS allows for gainful employment.

Optional breakout sessions are also offered to HARP participants depending on experiences and needs. Such sessions include music therapy, K9 therapy, grief counseling, parenting classes, and the visiting dignitary series.

Evaluation Focus: Data Sources and Methods

Data Sources and Methods

Investigators employed a mixed methods design involving qualitative and quantitative methods encompassing a 17-month period from January 2018 to May 2019. The use of a mixed methods design allows researchers the opportunity to triangulate findings using both qualitative and quantitative methods. The following research questions were developed in consultation with Sheriff's office personnel:

1. What does the HARP program do?

- a. We conducted 17 key stakeholder interviews between January and February 2018: 12 interviews were with internal stakeholders, including service providers to HARP and 5 interviews were with external stakeholders from various county agencies. Three of the 17 interviews were conducted over the phone while the others were face-to-face and took place in the jail, other county facility, or in the community. Participants were insured of confidentiality and sessions were not recorded. Principal investigators informed stakeholders that involvement was voluntary.

2. What are the impacts of the recovery process on program participants?

- a. We conducted 10 focus groups with incarcerated participants between January and May 2018 to determine curriculum modalities and rehabilitative model, efficacy of program and treatment goals, and exit strategy and long-term recovery plans. Each focus group consisted of between 5 and 6 HARP participants (males, n=32; females, n=31). All focus group participants were insured of anonymity and sessions were not recorded. Principal investigators informed focus group members that participation was voluntary.
- b. We conducted observations of group sessions led by peer-to-peer counselors.
- c. We conducted 6 follow-up interviews with internal stakeholders between April and December 2018.
- d. We conducted 18 phone interviews with family members in April 2018 regarding their interactions with the HARP program, noticeable changes in their family member, and the impact of recovery on their family. Family member contact information was provided by the Sheriff's office.

3. What are the risk factors associated with opioid overdose?

- a. We developed and administered a survey of HARP participants to examine self-reported risks associated with opioid use and overdose. The survey assessed demographics, family dynamics, history and patterns of drug use, mental health problems, previous history of treatment, and history of overdose. A total of 197 surveys were completed with 4 declining participation, resulting in a 98% completion rate. The surveys

were administered between February and October 2018. Respondents were insured of confidentiality and the voluntary nature of the research.

4. What are the impacts of HARP on program participants after release from jail?

- a. We employed a post-release survey through RedCap on HARP's closed Facebook page. The survey was posted in December 2018 and remained open until February 2019. A reminder email was posted two weeks after the survey went live. Fifteen participants completed the post-release survey. An analysis of the Facebook site was also conducted.
- b. Of those completing the survey, 9 participants agreed to a follow-up interview to assess the utility of post-release social support systems. Of those that agreed to participate, only 7 responded to the researchers. These interviews were conducted in February 2019.
- c. We conducted lengthy interviews between February and May 2019 with 6 released participants who had been out of jail for a period of 9 months to 2 years. A snowball sample was used to recruit participants.
- d. We examined criminal history data of HARP graduates to determine offending patterns post-release. Additionally, we compare HARP graduates to non-graduates to determine whether HARP graduates are less likely to be re-arrested post release.
- e. We linked criminal history data with those that completed the Overdose Risk Factor survey to examine the extent to which drug use is related to criminal offending.

Research Findings

Internal and External Stakeholder Interviews

The following section will provide a detailed analysis of our findings related to each research question.

Research question 1: *What does the HARP program do?*

Internal Stakeholder Interviews:

- 1. How does the configuration and conceptualization of HARP foster recovery?**
 - a. Respondents consistently described HARP as providing an environment that views addiction as a disease and not a moral failing. Almost everyone at some point discussed the importance of understanding and responding to addiction as a chronic disease rather than that of a criminal justice system problem.
 - b. Every stakeholder referred to HARP as cultivating a welcoming environment so people have the opportunity to begin to believe in themselves.
 - c. HARP does everything possible to help people while they are incarcerated and when they leave the jail (referring to reentry efforts).
 - d. HARP recognizes the need for a multi-pronged approach to recovery involving peer-to-peer, step work (a reference to Narcotics Anonymous), and clinical approaches. As one respondent stated, “One size of recovery does not work for everyone. What might work for one person might not work for another.”
 - e. The deputies that work in the program understand their role in creating an environment conducive to recovery.
 - f. Sheriff Leonard is the reason HARP functions as it does. HARP is his vision. His compassion, love of people, and willingness to do something different are “game changers”.
- 2. What are the key curriculum elements and who provides them?**
 - a. There was general consensus regarding the key elements of HARP: peer-to-peer counseling, mental health services including counseling, spirituality, step work, family involvement, Trauma Informed Care, and reentry.
 - b. Most stakeholders indicated that there were various service providers involved in service delivery. When stakeholders mentioned programs, they typically identified programs according to the facilitator.
- 3. What is the rehabilitation process?**
 - a. This question was much more difficult for stakeholders to answer. Although a few explained treating addiction as a chronic disease of the

brain, others discussed the multi-pronged approach, i.e. the variety of services available, to treating HARP participants.

- b. The peer-to-peer counseling component was also discussed as the main foundation for rehabilitation occurs. Respondents described the relatability feature of peer-to-peer counseling.
- c. Most stakeholders discussed the importance of Trauma Informed Care and mental health counseling to address the issues such as Adverse Childhood Experiences that may not suitable for group therapy.

4. What are the expected outcomes at each phase of the process?

- a. This question was much more difficult for stakeholders to answer. With the exception of abstinence as an outcome, there was a clear lack of knowledge regarding the expected outcomes at each phase.
- b. A few stakeholders articulated the importance of measuring “success” by other outcome measures such as increased social and family functioning, being able to obtain and maintain employment, and having a support system in place to make recovery possible.
- c. Most stakeholders discussed the types of services available for participants rather than outcomes. For example, a recurring theme was the 12-step program does not address trauma.
- d. Stakeholders discussed the purposes of HARP in that participants should obtain the skills they need to remain drug free when they leave jail.

5. If you could change anything about HARP, what would it be?

- a. The need for resources such as program staff and additional funding were themes that surfaced with most stakeholders.
- b. Most stakeholders discussed the necessity for expanding the clinical components, including mental health counseling and Trauma Informed Care for every participant. Stakeholders discussed the importance of addressing the cognitive aspects involved with addiction.
- c. Given that the program is new, it is constantly evolving and sometimes changes by the day. Stakeholders expressed the need for more stability in the day-to-day operations.
- d. The peer-to-peer counselors change frequently. The program would benefit from consistency.
- e. Most stakeholders recognized that most of the challenges with HARP were a result of a lack of resources rather than how the program was conceptualized.
- f. Communication between program staff and facilitators could be strengthened.

External Stakeholder Interviews:

Five interviews were conducted with external stakeholders from various county agencies.

- 1. How would you describe the opioid problem in the county? Do you have any particular concerns for your district/agency?**
 - a. External stakeholders mentioned the iatrogenic nature of the problem and the link to heroin use, the increase in both fatal and non-fatal overdoses, and the devastating impact on families.
 - b. The need for additional funding and resources was a concern for all stakeholders.
 - c. The need to build a pipeline of help for people suffering from addiction was also discussed.
- 2. How would you describe HARP?**
 - a. Each stakeholder reported HARP being premised on a peer-to-peer model with other components such as counseling and reentry services available to help participants. Reentry services provides personal hygiene items and recovery housing for those in need.
 - b. Described as “A program built on existing and already limited resources to do something about the increase in opioid related cases in the county”.
 - c. “Excellent starting point for participants but a clinical approach is necessary and fundamental to recovery.”
- 3. What are your expectations of the evaluation of the HARP?**
 - a. No specific expectations were offered for the evaluation; however, the general consensus was that external stakeholders hoped HARP helped participants develop the tools they needed to manage addiction and stay clean when they left jail.
 - b. While most stakeholders talked about the importance of providing HARP participants with skills to manage addiction; they also recognized the personal work that participants must do to make changes in their lives (i.e. change habits). These thoughts were followed by explanations of why a clinical approach that involves counseling and cognitive approaches is of utmost importance.
 - c. One stakeholder discussed the importance of the need to enhance prevention and awareness of addiction in primary and secondary education.
- 4. What other services are available for treatment and recovery in the county?**
 - a. Stakeholders mentioned a few services available through the Community Service Board, McShin Foundation, The Healing Place, private recovery homes, and volunteer organizations such as churches.

- b. Most stakeholders described a lack of resources in the county to accommodate the growth of those in need of services.
- 5. **Have you had any personal experiences with HARP? If yes, tell us about those.**
 - a. Most stakeholders visited the program and discussed the connections participants are making with hopes that these connections facilitate change within that can be continued after release from jail.
 - b. "Eye-opening". One respondent stated, "Having visited HARP, I was blown away and impressed by the level of participation among inmates."
 - c. "Sheriff Leonard is receptive to working with everyone."
 - d. "Considering that HARP was a spur of the moment program, Sheriff did a great thing."

Impacts of the Recovery Process on HARP Participants

Research question 2: *What are the impacts of the recovery process on program participants?*

Voices of Female HARP Participants:

Curriculum Modalities and Rehabilitative Model: Phase 1 Focus Groups

1. How did you become involved with HARP?

- a. Participants became involved with HARP in one of two ways (1) they were already in the Chesterfield Jail and heard about HARP from jail staff or other inmates and applied for admission or (2) they were incarcerated in another jail and heard about HARP and applied for admission. Interviews were conducted as part of the application process.

2. What happens in HARP?

- a. The women described their daily activities beginning with Feelings & Focus, a morning group activity that occurs from 9-11 am. Morning groups consist of readings from NA followed by an hour long session on a recovery related topic.
- b. Participants learn conflict resolution skills so they can de-escalate and manage conflict and have successful encounters with one another.
- c. Peer counselors provide group counseling from 12:30 pm -3:30 pm, Monday-Friday. After dinner, additional group work takes place; topics vary by need, interest, or result from other issues that may have surfaced throughout the day.
- d. Several female participants discussed Dr. Jackson's program, *Rising Strong*. They described the program as one that teaches about resiliency and "falling on your face and getting up"; the women who participate in this class learn about how traumatic experiences have contributed to toxic stress and influenced drug use, criminal behavior, and other negative choices.
 - i. Dr. Jackson's program is not available to everyone in HARP.
 - ii. *Rising Strong* consists of five 3-hour classes with 12-15 slots available.

3. What is the therapeutic process and curriculum?

- a. Participants discussed that the foundation of their group counseling is Narcotics Anonymous (NA), steps 1-3. Participants recited each of the steps and discussed the personal nature of their journey through each step.
- b. Every participant had been previously incarcerated and described the environment as being therapeutic in nature as compared to traditional jail experiences.

- c. A recurring term heard throughout the focus group was “sisterhood”. These women described how HARP has created a bond and sisterhood as a result of shared experiences.
- d. HARP creates hope through the work they do together in classes.
- e. HARP is teaching them the importance of following rules and having structure - two aspects these women asserted have not consistently been present in their lives. For example, participants discussed the importance of “community and accountability processes” for behavior, resulting in the issuance of:
 - i. Pull-ups (issued when participants need to address specific behaviors that impact the community in hopes of changing the behavior)
 - ii. Push-ups (positive comments that bolster one’s self-confidence)

4. What assessment/testing events occur?

- a. Must complete the first 3 steps of the NA program.
- b. Participants in Dr. Jackson’s program complete worksheets in order to finish her class.
- c. After completion of each step, mentors help determine whether the participant is ready to move to the next step. According to participants, this is difficult to assess because there are a number of considerations such as:
 - i. Completing each step is an ongoing process because the more you learn, the more your answers change.
 - ii. Depending on the experiences of the mentors, their expectations are different so not everyone is treated the same.

5. What are the goals of treatment?

- a. The main sentiment was to stop using drugs and “live like a normal person.”
 - i. HARP teaches us that we are worthy of living a drug-free life; one woman poignantly stated, “I’m not just a dope head, I am a good person but I’ve got problems.”
- b. Help understand how choices and past experiences have contributed to use patterns.
- c. Connect to services that we can rely on when we leave jail.
- d. Allow us to forgive ourselves for the shameful things we have done. If we do not learn to forgive ourselves, we will continue to use drugs to mask the pain.
- e. Improved relationships with family, including children were also discussed as goals of treatment. Many women described “fractured” and “estranged” relationships as a result of their drug use. All of the women with children discussed the internal work they needed to do to show family members that they were serious about recovery and mending relationships.

Efficacy of Program and Treatment Goals: Phase 2 Focus Groups

6. What are your expectations of the treatment offered through HARP?

- a. The expectations of treatment were grouped around two dimensions: (a) learning about the emotional aspects associated with their drug use and (b) learning about the benefits of structure in recovery.
- b. As one participant explained, her expectations were trying to understand why the cycle of arrest and incarceration did not have any impact on her choices to continue to use heroin. "For me it was why do I constantly get out of jail and use? I've learned why in HARP." Other participants agreed and elaborated on the importance of learning why they used as a framework for being more mindful of the impact of their emotions and how those emotions impact their decisions "even when it defies logic".
 - i. Though the specific reasons offered for why these women used drugs varied to some extent, all were related to ACEs and other traumatic events that occurred during their formative years.
- c. As a result of the structure of the program, women discussed being held accountable for their behavior in the program by receiving constructive criticism from peers. As a result of being held accountable for the small things, they discussed the significance of that as the foundation for developing coping skills and how to trust others again.

7. Who manages the treatment process?

- a. HARP participants oversee the treatment process with the help of deputies, mentors, and assistant mentors. Mentors are model participants and are also in recovery. Participants discussed ownership of the process and the role of the mentors and how they serve the greater good of helping the participant get from "point A to point B."
 - i. Some participants suggested that mentors had "too much power" over others in the group and that they oftentimes failed to recognize incremental progress because mentors tended to believe "all or nothing should happen overnight."

8. What are the different treatment steps or phases?

- a. Complete step work, referring to completion of steps 1-3 in the NA model.
- b. Actively participate in group counseling and small group sessions.
- c. Classes offered such as *Rising Strong* make the treatment process stronger because it focuses on "why I use" rather than simply telling me to "stop using."
- d. Show growth and improvement in our actions, "We feed off of each other so we have to grow and mature and walk the walk versus talk the talk. We have to stop lying and being disrespectful."
- e. Reentry is part of the recovery process and requires both planning and resources.

9. What key issues are you working on?

- a. Every participant reported that they were working on a variety of personal issues that include:
 - i. Understanding the role of trauma and violence experienced as children and how it carried over to intimate partner relationships and how those experiences shaped drug use and criminal behavior.
 - ii. Fear of being clean (drug-free) and managing all of the challenges of recovery when released from jail.
 - iii. Managing abandonment and rejection in past and current relationships.
 - iv. Mental health problems with self and other family members.
 - v. Making amends with family members, particularly their children who have suffered extensively as a result of their parent's drug use.

10. How do you know you are making progress in HARP?

- a. Forgiveness was their starting point for seeing progress in themselves. Other aspects included:
 - i. Being less confrontational with others.
 - ii. Accepting criticism rather than getting defensive.
 - iii. Improved relationships with family members.
 - iv. Thinking positively about my future and believing in myself.

11. What are some elements that would make therapy more effective?

- a. Though participants were grateful of having the opportunity to receive group therapy, they unanimously agreed that increased access to individual counseling is critical to recovery. They acknowledged that working in groups is limited because there isn't enough time in the day to for all 40+ women to talk about their personal problems.
- b. "More Dr. Jackson." The women discussed the critical nature of learning about the impact of trauma on decision-making, particularly drug use and felt strongly that everyone in HARP should have the opportunity to take Dr. Jackson's class, *Rising Strong*.
- c. Having a structured Phase 2 where participants can work while in a supervised setting.
- d. Developing mentors that understand progress is different for everyone.

Exit Strategy and Long-term Recovery Plans: Phase 3 Focus Groups

12. What have you learned in HARP?

- a. Learning about self - everyone was in agreement that HARP has helped them learn about who they are at their core rather than a "junkie." One participant stated, "Looking at me is raw and ugly and it kept me stuck for so long." There was consensus that each one has more to offer

themselves and their families. These women are beginning to see that they have value.

- i. One participant stated she had been “Looking for validation my whole life and found it in drugs.” She further explained that through counseling and other opportunities provided in HARP she realizes that she does not need validation from anyone, except herself.
 - ii. “I have hurt a lot of people because of my addiction.” Everyone agreed and acknowledged the long road ahead of them to mending those broken relationships.
- b. Increased desire to be in recovery. HARP has provided the opportunity for participants to interact with positive role models which has given these women hope that they can be a positive role model for someone one day.
- c. “My past choices do not have to define me.”

13. How is HARP different than other treatment/recovery programs you’ve participated in?

- a. Every participant had been previously incarcerated and had been in some type of rehabilitation program. Everyone agreed that HARP was different. HARP created a sisterhood - a community that loved them despite their ugliness.
- b. For some women, HARP offered a more holistic approach because it addressed trauma and provides coping skills at the root level.
- c. Grief and loss counseling has helped put life into perspective. Everyone agreed that when bad things have happened in their lives they used drugs to compensate and mask the pain. Because of the counseling offered in HARP, they have the opportunity to confront the pain in a safe environment.
- d. Education and employment opportunities were mentioned as positive aspects of HARP: two women received their forklift certification while in HARP and another discussed being enrolled in the Peer Recovery Specialist program.
- e. Reentry was also mentioned as a critical component that makes HARP different. Participants explained that the exit planning has been beneficial because they no longer feel like they are alone when it is time to be released. Several women talked about going to a recovery home upon release from jail.

14. How will you know if the program has been effective for you? In other words, what is your measure of success?

- a. This was a difficult question to answer. Participants explained that success was personal and could be based on small things such as developing self-awareness or a better understanding of self. A few talked about success in terms of not returning to significant others. All focus

group participants agreed that self-improvements had to be coupled with tangible and measurable aspects.

- i. Obtaining safe housing represents a priority for these women. They talked about a “safe” place to live as being the foundation for recovery. “Safe” was a term used to describe both emotional and physical dimensions of personal safety. They explained that without a “safe” place to live, drug use is expected. In other words, it was more than having a place to reside, it was about being in a drug-free environment.
- ii. Obtaining employment so they could pay rent and eventually live on their own. All described employment as a way to feel as if they are contributors to society.
- b. Being able to put the coping skills learned into practice when released from jail.

15. What will be your biggest barrier to overcome when you are released from jail?

- a. “People, places, things.” This is a phrase that was used to describe the changes that must be made with respect to friends, including significant others, and the choices made about where to go and what to do.
- b. Concerns about being overwhelmed with family and children were mentioned. Parenting was talked about in great length. Some women realized they were not in a position to take care of their children while others believed they were ready for parenting upon release.
- c. Lack of employment and related skills were viewed as barriers. Relatedly, the problems resulting from felony convictions were very concerning.
- d. Housing. Several women discussed being homeless at times prior to this incarceration and their upcoming release created uncertainty and emotional turmoil.

16. What is your biggest fear(s) about being released from jail?

- a. Fear was the most talked about emotion with respect to being released:
 - i. Fear of failure making reference to the number of times these women have tried to stop using drugs.
 - ii. Fear of being overwhelmed with freedom.
 - iii. Fear of rejection and abandonment.
 - iv. Fear of inadequacy in my relationships with family and friends.
- b. Carrying the burden from witnessing friends who died from overdosing.

17. What do you need to be successful when you leave jail?

- a. A place to live: the need for recovery housing was the most talked about need. It was described that a recovery house allows one the ability to stay saturated in a recovery community.
- b. Structure - one participant said, “Addicts need rules.” Though they discussed being in their comfort zone while using drugs, they all

described success as following day-to-day rules. When asked to provide examples of the rules they thought would be necessary, they mentioned curfew, drug tests, and adhering to a schedule that consists of attending daily NA meetings.

- c. Transportation for work and daily meetings.
- d. The ability to rebuild broken relationships with loved ones.
- e. Opportunities for employment and the chance to show everyone we deserve a chance.

18. How can you avoid future criminal and drug related behavior(s)?

- a. The *Rising Strong* program has helped some of these women understand their need to use drugs. That is, using drugs was a coping mechanism to deal with the pain of loss, abuse, violence, relationship problems, and other negative life events. These women explained how dealing with their painful histories will help them maintain sobriety in that they have learned some tools to help change their thought patterns.
- b. Maintaining contact with a recovery community to include recovery housing, getting a sponsor and attending NA meetings, staying involved in counseling to help manage mental health problems and addiction, and being comfortable with making the right choices.
- c. Plans to go back to school were discussed as cornerstones for finding skill, self-worth, and a path to success.
- d. Avoiding old friends, referring to those that are “on the streets and in the game.”

19. How will you continue treatment post-release?

- a. Attend daily NA meetings.
- b. Find a therapist through the Community Service Board.
- c. Stay connected to my HARP sisters. Some plan to return to the jail for group counseling.

Voices of Male HARP Participants

Curriculum Modalities and Rehabilitative Model: Phase 1 Focus Groups

1. How did you become involved with HARP?

- a. Participants discussed the voluntary application process and interview with the panel. Many HARP participants come from Riverside Regional Jail. Some participants wrote letters directly to Sheriff Leonard while others applied through other correctional staff. Participants described the desire to “get clean” after years of using drugs, particularly heroin, and being in and out of jail.

2. What happens in the HARP program?

- a. Learning about ourselves, especially the process of coping with negative behavior that propels us toward drug addiction. HARP is about more than using drugs; it helps us learn to recognize and cope with self-destructive behaviors so that we can build resilience.
- b. Brotherhood: fellowship, acceptance, support, and encouragement were reported as being the foundation for recovery.
- c. Developing hope for the future.

3. What is the therapeutic process and curriculum?

- a. Curriculum includes a variety of components:
 - i. Trauma Informed Care has helped us understand the role of trauma and how it has impacted our drug use and criminal behavior.
 - ii. Learn coping strategies to manage anger.
 - iii. Learn money management.
 - iv. Learn about fatherhood and how important our role is in our children's lives.
 - v. Peer-to-peer aspect - participants control the program.
 - vi. Alumni network - released participants come back to the jail to join in on group counseling sessions. Seeing them in recovery helps us see that we can stay clean when we are released.

4. What assessment/testing events occur?

- a. Participants had a difficult time answering this question. They primarily discussed the individualized nature of the program, participants indicated they must complete NA steps 1-3 and other structured self-assessments.
- b. Some participants discussed a mental health evaluation taking place during booking but not specifically for HARP.
- c. Responses varied on what it takes to graduate from the program. Some discussed two phases and others discussed 3 phases of HARP. There was no consensus on what to do to graduate from HARP.

5. What are the goals of treatment?

- a. A variety of goals were mentioned:
 - i. Stay clean after release from jail.
 - ii. Create stability in our lives.
 - iii. Become productive members of society.
 - iv. Reconnect with families.

Efficacy of Program and Treatment Goals: Phase 2 Focus Groups

6. What are your expectations of the treatment offered through HARP?

- a. Participants described a number of expectations relating the treatment they were receiving in the HARP program. Most of those expectations

revolved around two themes—issues regarding the self and an understanding of addiction.

- b. Many of the treatment expectations involved an understanding of how addiction operates. Participants noted that the decision to start using drugs is voluntary and one must take responsibility for that decision. The nature of addiction, however, is a significant variable which influences subsequent action. Some participants knew they were prone to addiction (given familial history and past behavior) while others did not know they were at risk for addiction. During HARP, they learned that addiction is a disease or illness rather than a choice. This is an important understanding as it sets the stage for both internal decision making and treatment modalities.
- c. A key expected outcome of HARP treatment is an enhanced sense of self. Acceptance of key emotions such as shame, fear, need, guilt, self-hatred, and others provide an avenue for other cognitive activities, including acceptance, forgiveness, and rehabilitation. Participants recognized that HARP exists to give them tools that can facilitate awareness and cognitive processes but utilization of those tools is up to them.

7. Who manages the treatment process?

- a. Participants described a number of key guides in the treatment process including the following:
 - i. Peer-to-Peer Recovery Specialists who have both training and experience as addicts. These specialists represent important guides through rehabilitation and models of potential success.
 - ii. Much of the responsibility for rehabilitation lies with fellow HARP participants, particularly designated mentors and HARP leaders.
 - iii. Chesterfield County Mental Health personnel provide psychological counseling and treatment to those who need it.
 - iv. Program facilitators help by teaching various types of classes.
 - v. Pod correctional officers were described as supportive and invested in the rehabilitation process.
 - vi. Sheriff Leonard was mentioned because he is providing a treatment program that resonates with participants.
- b. Most participants agreed that the locus of responsibility for managing their rehabilitation falls on them. The tools are available for self-directed rehabilitation but one must avail himself of those opportunities.

8. What are the different treatment steps or phases?

- a. Focus Group participants described HARP in two broad phases. Phase 1 represents participation in HARP, and matriculation through various elements of rehabilitation sessions and self-reflection. During Phase 1, participants go through sessions offered by providers, mental health assessment and counseling, peer-to-peer processes, and a series of tasks and goals. All these are conducted during residence in a HARP pod and

while adhering to a set of rules and guidelines. Phase 2 involves some final rehabilitation elements, a transition process, and participation in work release.

- b. Most focus group participants believed they were in Phase 1 or Phase 2—some were not clear if they had completed Phase 1. The rotating nature of HARP makes a clear and structured path through Phase 1 difficult. Since participants come and go following a non-specific schedule, Phase 1 cycles through a series of repeating elements.

9. What key issues are you working on?

- a. Focus group participants described a number of issues that represented key rehabilitation objectives and outcomes. While not all apply equally to every participant, most participants indicated they are working on most of these issues. This work is being done concurrently rather than sequentially, depending on where a participant is in HARP.
- b. Several participants described extant issues that address self-thinking. Understanding cognitive processes represented a key set of objectives. These included handling stress, recognizing cognitive cues, and identifying the steps and consequences of negative self-talk. Many participants pointed to defeating self-imagery—viewing themselves as losers, failures, etc. Catching these negative thoughts in process represents an important degree of self-intervention.
- c. Learning about oneself, especially revolving around trauma, represented another theme of issues. The trauma informed care session resonated with many participants as they viewed instances of personal historical trauma as catalysts for misdeeds. Recognition and acceptance of trauma, and the individual impacts of these experiences, provided a key perspective for many participants. Co-dependency and individual interaction were described by many participants as important. Affiliations, friendships, even intimate partner selection, was viewed by several participants as critical to future rehabilitation steps.
- d. A number of AA and NA behaviors were also evident in participant's extant issues. They were working through ideas such as being a better person through faith, the power of hope, and acceptance. Recognizing and working through anger and stress were specified. Forgiveness of self and others, especially those who victimized participants, was highlighted as important.
- e. The importance of committing to rehabilitation. Most indicated they had gone through at least one other rehabilitative program—many have gone through a number of them. Participants indicated that HARP is different due to the peer-to-peer element, the sense of responsibility to the group, and the perception that this is their last chance. A high degree of commitment to rehabilitation was expressed by participants.

10. How do you know you are making progress?

- a. Participants had difficulty identifying the markers of program progress. They discussed the rolling structure of HARP and how it does not lend itself to graduated elements as presented by some correctional setting rehabilitation programs, such as a drug court. Instead, progress is assessed individually and through occasional peer assessment and feedback.
- b. Handling feedback from others. Participants said that early in HARP, feedback frequently produced defensiveness. As participants progressed, they began to understand that feedback and comments are intended to help move the individual towards rehabilitation.
- c. Similarly, an ability to recognize problematic behavior and addictive issues in other participants represented another marker of progress among those in the focus groups. Many of these behaviors are reflective in that a participant, seeing the mistakes and problems of another, can benefit from understanding their own decision making.
- d. Recognition of problematic and self-defeating thought patterns represented a theme of steps towards progress. This level of introspection and understanding is achieved through much hard work, according to participants.
 - i. Participants also noted they will never “finish” or “complete” these processes. Instead, they hope to leave HARP with a thorough understanding of issues and continue to work on them post-release.

11. What are some elements that would make therapy more effective?

- a. While all focus group members praised the program and appreciated the opportunity, HARP participants had many ideas about how to improve treatment. Some were correctional setting oriented – healthier food and better exercise facilities, including a weight-room. Other issues revolved around the transition to release. Participants suggested that a more structured transition program would benefit moving out of HARP into post-release settings. Key elements of that transition process include:
 - i. More opportunities and participation in work release.
 - ii. Job placement assistance, including resume writing.
 - iii. Help finding a place to live.
 - iv. A manual for release authored by successful former HARP participants (lessons-learned).
 - v. Budgeting and bank account education.
 - vi. More structured curriculum – current curriculum is recycled.

Other Emergent Issues

Several other themes emerged during the focus groups that were not connected to the semi-structured interview questions. Participants frequently highlighted the positivity of the program and the support provided to them. From the Sheriff, to the

key and ancillary correctional officers, service providers, peer counselors, and participants, positive messages were identified as helpful and integral to rehabilitation. Many participants indicated they have never received praise or recognition of success at any point in their life other than what they received in jail. Quotes on this theme included:

“This is the best I’ve felt since high school”, and
“For the first time in a long time, I have hope for the future.”

The Push-ups and Pull-ups segment of treatment was noted by focus group participants for the insight and support from others. These interactions channel feedback that does not produce defensiveness. Participants indicated that feedback from a peer counselor who has overcome addiction represented a powerful message.

Exit Strategy and Long-term Recovery Plans: Phase 3 Focus Groups

12. What have you learned in HARP?

- a. Participants indicated that HARP is nothing like other twelve step programs, or other treatment programs. There are many opportunities for success. One of the key elements is the pursuit of self-understanding, particularly relative to decision making and behavior.
- b. A key element described by participants is the sense of purpose and connectedness. Since each participant is responsible for both their behavior, and can influence the behavior of others, they have substantial responsibility and authority. They also reported being dedicated to the welfare of their colleagues, irrespective of race, age, crime, and background.

13. How is HARP different than other treatment/recovery programs you’ve participated in?

- a. HARP provides very valuable information about the self and this was seen as a key difference as compared to other programs. Participants reported a better understanding of their own behavior. They believe that about 10% of their problem is related to drugs and 90% is related to behavior.
- b. The focus on understanding how self-destructive behaviors such as shame, guilt, embarrassment, and similar feelings drive behavior. As they understand their own behavior, particularly pursuant to the interpretation of adverse circumstances, reactions to events change and subsequently the motivation to use drugs changes.
- c. HARP has helped me experience the positive aspects of police and correctional staff.

14. How will you know if the program has been effective for you? In other words, what is your measure of success?

- a. Participants indicated the measure of success was straight-forward – living a clean and sober lifestyle post release. They talked about some of their goals and objectives that would contribute to their success. These included:
 - i. Improved relationships, especially with family.
 - ii. Gaining and maintaining employment.
 - iii. Securing safe and permanent housing.
 - iv. Changed self-images.
- b. They also spoke to their commitments to the persons who will remain in HARP, or the jail. Several of the leaders in the program will not exit jail for many years, if ever. The lives of those released will carry some of the investment made by those with little chance of returning to society. In other words, the help and guidance imparted by the “lifers” warrants clean living for those who can secure release.

15. What will be your biggest barrier/fear to overcome when you are released from jail?

- a. The recurring answer to this question was fear. Participants observed that fear, and the negative psychological consequences, may motivate them to self-destructive behavior including drug abuse and criminality. Instead, they hope to focus on individual steps towards success.
- b. Participants reported a number of barriers to success including a lack of post-release resources, especially revolving around housing, transportation, and employment. Other barriers include the absence of the brotherhood of HARP, where recovery is everyone’s primary focus all the time. Some participants expressed similar concerns, with a fear of an inability to focus on spirituality.

16. What do you need to be successful when you leave jail and how can you avoid future criminal and drug related behavior(s)?

- a. Respondents highlighted mostly practical steps as important elements in post-release success. They described issues such as:
 - i. Securing employment
 - ii. Finding housing
 - iii. Maintain positive relationships
 - iv. Avoiding guilt and shame

17. How will you continue treatment post-release?

- a. Participants did not have specific post-release treatment plans. Instead, they noted some of the required elements of post-release, including court ordered drug tests and probation. They plan to participate in twelve step meetings as needed or on a recurring basis, and view participation in religion as an element in their rehabilitation. Some noted that the

recovery house would have required group meetings. While they do not expect these to be as effective as HARP meetings, they assume that the group meetings will produce some benefit.

Other Emergent Issues

Several other themes emerged during the focus groups that were not connected to the semi-structured interview questions. Participants noted that there is a political element to HARP, including factions, how mentors treat participants, and they described some of the ramifications of being on the “outs” with leaders. They believe that a democratic approach where leaders are elected rather than appointed, would enhance fairness. Several noted that access to family was difficult. Increasing the availability of phone and video visits would have positive implications on recovery.

Family Experiences with HARP

Most of the individuals interviewed were parents with the exception of one friend and two siblings.

1. Please tell me about your experiences with HARP.

- a. Experiences with HARP varied from very little to extensive. Some of those interviewed were skeptical because their family member had participated in other programs with no long-term success. Two parents reported having two children in the program. Families described HARP as:
 - i. Excellent program because “It helps them build self-esteem and give them the things they need to keep clean.”
 - ii. Positive program because as one mother explained, “HARP is based on a peer-to-peer model which seems to be better than having paid professionals with no experience who come in and tell an addict what they need to do.” Similarly, another parent explained the benefit of having other addicts lead the program. She stated, “They don’t like being talked to by people who don’t know what they are going through.”
 - iii. Impressed with the program in that “His mind seemed a lot stronger when he came out.” (Referring to son).
 - iv. Family feels welcome. One mother explained that HARP encourages family involvement with the recovery process.

2. Have you noticed any changes in your family member since being enrolled in HARP?

- a. A number of changes were noticeable to family members:
 - i. Being less dependent on other people.
 - ii. Working on themselves and their struggles.
 - iii. Having a positive outlook on the future.
 - iv. Taking responsibility for actions.
 - v. Healthier physical appearance.
 - vi. Increased spirituality.
 - vii. Engaging in more honest and realistic conversations.

3. Has your family member been involved in a treatment program prior to HARP? If yes, what do you believe differentiates HARP from those other programs?

- a. Almost every respondent indicated their loved ones had been in other programs prior to HARP. Those programs ranged from counseling to help with mental health problems, faith-based initiatives, AA meetings, therapeutic communities in other jails, drug court, and Medication Assisted Treatment. HARP was differentiated from other programs by:

- i. Using a peer-to-peer model.
- ii. Encouraging family participation.
- iii. Being treated for mental health problems.
- iv. Learning how past issues have played a role in using drugs.
- v. HARP is not based on punishment like it was in drug court. HARP is a supportive environment. The addicts learn what addiction is and the impacts it has on their life as well as others.
- vi. Resources post-release are available whereas in most programs once you are finished, there is nothing for you.

4. How has your loved one's recovery impacted you or your family?

- a. Positive impacts on recovery were noted as well as the strains of dealing with the aftermath of being incarcerated. Specifically,
 - i. Having open and honest relationships which provided hope for family members.
 - ii. Created a more compassionate relationship as a result of being included in the recovery process.
 - iii. Being in HARP lessens the burden of wondering whether my child is safe or dead - two mothers described finding children unconscious from overdosing.
 - iv. Learning about addiction themselves and realizing that they need to be a part of the process so their loved one has the best chance to succeed.
 - v. Excitement about the future including reconnecting with children that are living with family members.
 - vi. Grateful and appreciative of Sheriff Leonard and his staff.
- b. Strains of dealing with the aftermath of addiction and incarceration include:
 - i. Overwhelmed with expenses related to visitation and the expectations of canteen money that families could not afford.
 - ii. Expenses related to child-care. Several family members were taking care of their grandchildren and discussed the financial strains of doing so.
 - iii. Difficulty in managing the emotional aspects of addiction for themselves and other family members, especially children.
 - iv. Residence plans. Wondering what will happen when he/she is released from jail with regard to where they will live, or whether they will stay clean this time. Respondents described feelings of nervousness about release and one noted constantly "Wondering when the other shoe will drop" making reference to previous attempts to get clean and stay out of trouble.

Risk Factors Associated With Opioid Overdose

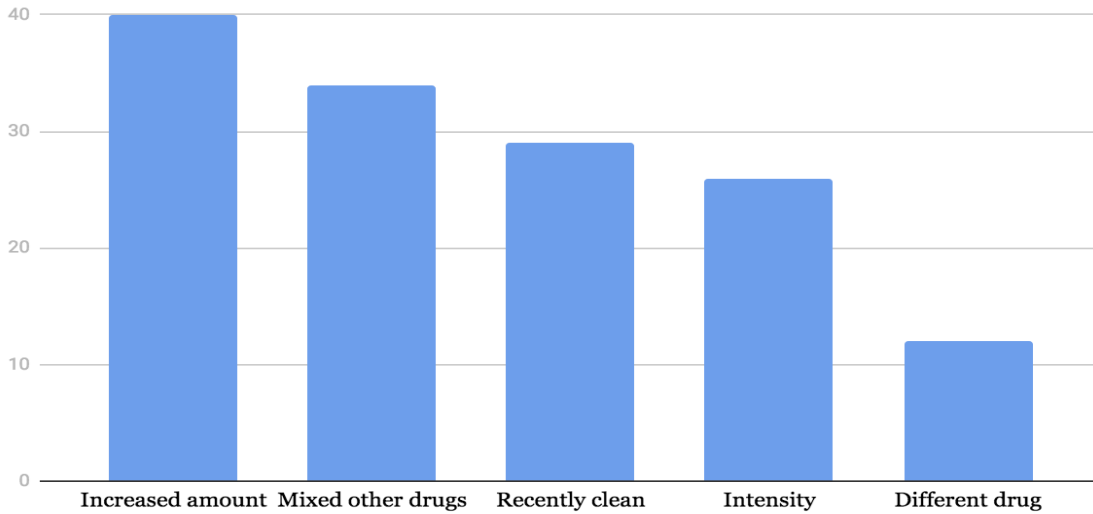
Research question 3: *What are the risk factors associated with opioid overdose?*

Appendix 1 provides descriptive statistics from the self-report survey taken by 197 inmates. The sample characteristics of those completing the survey are as follows: the average age was 33, 55 percent reported being female, and 75 percent reported being White. Most respondents reported having a high school diploma or the equivalent, 44 percent reported being employed at least part or full time prior to being incarcerated, most reported being single (67%), 75 percent reported having children, with the average number of children per respondent being 1.66. Of those with children, only 43 percent were providing financial support for their children. In other words, 57 percent were not providing support for their children.

Prior to being incarcerated, 20 percent reported being homeless, 83 percent reported having a mental health condition with 38 percent having attempted suicide. A majority of respondents reported a family history of drug use (68 percent), with the average age of drug use onset at age 14; the youngest age reported for using drugs was 8 years old. When asked about a history of drug use in addition to heroin (powder cocaine, crack cocaine, methamphetamines, methadone, downers or sedatives, and prescription pain pills) the average number of drugs used was 4.2 drugs with 2.5 out of those 7 drugs being injected. The average length of heroin use was 7.5 years and ranged from just less than one year to 40 years. With respect to abuse of prescription opioids, 90 percent reported abusing them with 64 percent of respondents believing that their abuse of prescription pills lead to their use of heroin.

In terms of their history of overdosing, 65 percent of respondents reported having overdosed at least once. When asked about the reasons they believed they overdosed, 40 percent reported that they increased the amount they had previously used. Other reasons were mixing heroin with alcohol or other drugs (34 percent), decreased tolerance as they had recently been clean (29 percent), they received the heroin from a new dealer and did not realize how strong it would be (26 percent), and they used a different drug (12 percent). Respondent's reasons for overdosing are displayed in Figure 1.

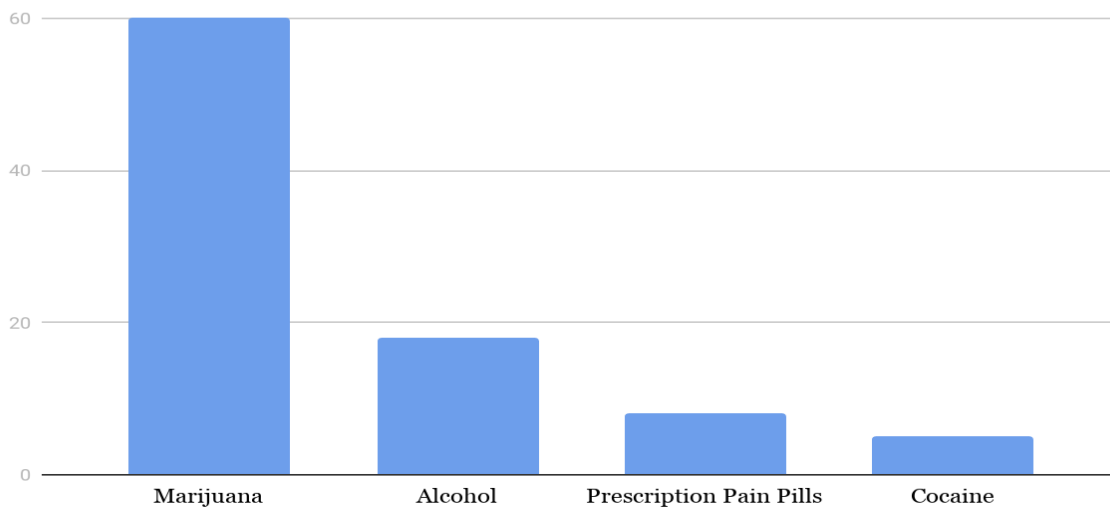
Figure 1: Reasons for Overdose by Percentage



First Drug Used

Respondents were asked to indicate the first drug they used. Figure 2 shows the four most frequently reported first drugs used with marijuana (60 percent), alcohol (18 percent), prescription pain pills (8 percent), and cocaine (5 percent) being the most reported. Other, but less frequently reported first drugs included tobacco (3 percent), heroin (1.6 percent), and Adderall, LSD, and PCP (.5 percent).

Figure 2: Most Frequent First Drugs Used by Percentage

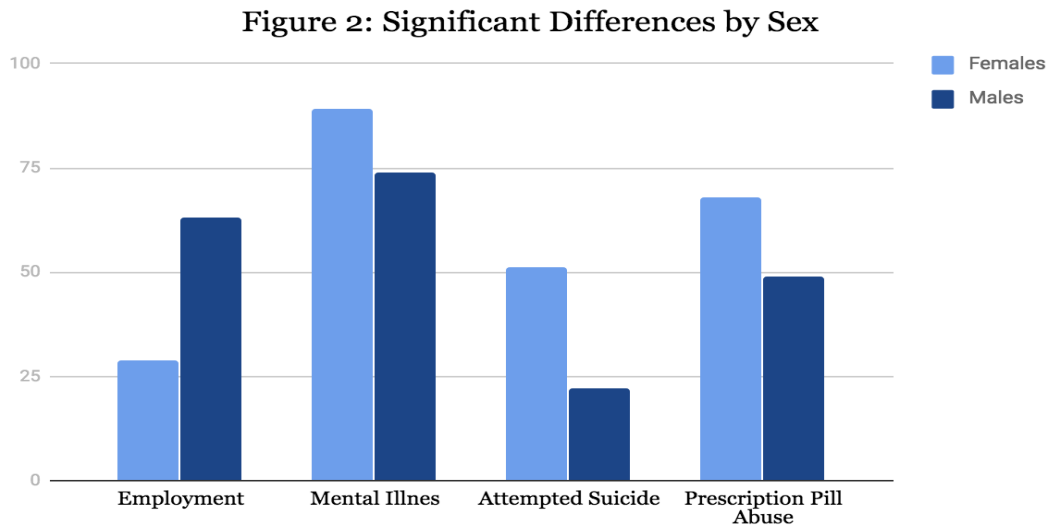


Differences in Risk by Sex

Further analysis was conducted to determine whether there were differences by sex. In other words, we were interested in whether males and females experience risk differently.

Results

1. No differences were found between males and females in whether they overdosed or not, how many times they overdosed, the variety of drugs used, or whether there is a history of injection drug use.
2. But, significant differences were revealed between males and females in risk factors of overdosing and drug abuse:
 - Females, as compared to males, were less likely to be employed at the time of incarceration; 63 percent of men, as compared to 29 percent of women, report being partially or fully employed at the time of incarceration.
 - Females, as compared to males, were more likely to self-report mental illness; 89 percent of women, as compared to 74 percent of men, self-report a mental illness.
 - Females, as compared to males, were more likely to self-report attempted suicide; 51 percent of females, as compared to 22 percent of men, self-report attempted suicide.
 - Females, as compared to males, were more likely to self-report abusing prescriptions pills prescribed by a doctor; 68 percent of women, as compared to 49 percent of men, reported abusing pills prescribed by a doctor.



The differences in this sample of HARP participants by sex underscore the risks associated with females. It is important that treatment providers address the gendered experiences of women and provide resources accordingly.

Post-Release Participant Activities

Facebook Survey Data

Research question 4: *What are the impacts of HARP on program participants after release from jail?*

In an effort to enhance post-release recovery, several HARP alumni initiated a closed group Facebook site. To join, one has to be invited by a member. The vast majority of the Facebook group members are former HARP participants, with some affiliated members including Sheriff Leonard and related Sheriff's office personnel. One of the principal investigators requested and received permission to join the group. The researcher then conducted two related threads of data collection. First, a review of posts and responses on the HARP group Facebook site was conducted. Second, a survey was posted on Facebook. The following paragraphs detail the methods and findings from these two approaches.

Observations of HARP Facebook Group Site

After securing access to the HARP Facebook Group Site, the principal investigator performed a series of reviews. These were conducted in an observational, non-systematic, approach with the goals of identifying themes, participation patterns, and utilization of the Facebook site. Participation frequency is difficult to determine as some site members post on an almost daily basis while others are occasional users. It is not possible to determine views of posts absent cooperation from Facebook, which was neither sought nor secured.

Posts tend to fall into one of several categories, described as follows:

- Shout-outs to HARP members, either directed to specific persons or to HARP alumni in general.
- Narratives of success, well-being, and happiness pursuant to staying drug-free.
- General messages of encouragement, inspiration, success, and similar. Some include links to videos or articles, opportunities, and resources, while some are individual provided messages.
- Requests for support. These come from alumni who are experiencing adverse or challenging circumstances.

Posts oriented around narratives of success provide generalized encouragement in that participants demonstrate the positive ramifications of their actions, particularly around staying clean and sober. Responses to posts are overwhelmingly supportive, particularly when the initial post solicits support. This represents a virtual network of peer-to-peer support that would be very difficult to create absent social media. While traditionally scheduled group meetings can provide encouraging and supportive settings, social media has an "instant-on" dimension that exceeds the capability of in-person meetings. Additionally, in a group meeting one is limited to the persons available at that time and location. Social media provides an extensive venue for

participation, across time and geography, such that support can arrive instantaneously, or over days and even weeks in response to an initial post.

It should be noted that a small population of approximately fifteen to twenty Facebook group members submit the majority of posts. There are many, perhaps several dozen, occasional or infrequent participants. There are some group members that post every day, even several times a day. This population is very small, no more than a handful of participants.

Conclusion: Utilization of the HARP Facebook group site represents a recurring and important element to several participants, and an occasional support system for many participants. The asynchronous nature of Facebook provides a valuable tool for support and mutual benefit.

Post-release Facebook Survey

A survey was drafted by the research team to assess the well-being and performance of HARP participants. A link to the survey was posted on the Facebook site with a request for completion by the researcher, and a note of support from Sheriff Leonard. The link was re-posted two weeks later and kept open. Fifteen people completed the survey. This is not a sufficient population to support inferential analysis but descriptive findings, organized by construct, are provided below.

Participants were asked to indicate the treatment modalities in which they have engaged since leaving HARP. Respondents indicated that AA/NA and counseling were the most common, while medically assisted treatment and prescription drug usage were the least frequently utilized. Respondents unanimously indicated that these treatment modalities have been successful for them. A small number of participants indicated that they have used alcohol since leaving HARP—most participants have used no illegal drug during their time post-HARP.

A number of survey questions assessed employment since leaving HARP. Twelve of the fifteen respondents, or 80%, indicated they are employed. Most are working full time, or close to full time, and many felt their current job holds long term potential. Those who do not have jobs, or view their current job as having limited long term potential, stated they were applying for other jobs or pursuing education to enhance their prospects.

Most respondents reported that their family is helping them to stay clean—this is an important finding given the familial destruction often left in the wake of addiction. Several participants stated they are living with family. All reported having some kind of housing option, although many (a slight majority) consider their housing to be short term rather than long term.

Participants were asked what they need that they do not already have. The most common answer was “Driver’s License.” The second most common answer was “Health Insurance.” These are both complicated issues for those recovering from addiction post-release. Responses are paraphrased.

Several questions were posed that represent a debrief following completion of HARP. Participants were asked for recommendations to improve HARP and provided an array of responses including:

- Increased connections to services post-release
- Greater organization in post-release plan, encompassing housing, employment, funding
- Financial support post-release
- Increased participation in HARP among county jail members

Participants were also asked to describe the most valuable element of HARP (for them):

- Network, support, brotherhood, fellowship, and similar
- Sheriff and staff support
- Treatment programs
- Residence, funding, and support post-release

Almost all participants felt they would not have been successful without HARP. Most of the Facebook Survey respondents stated they are in frequent contact with other HARP alumni, usually on a daily basis although some make contact on a weekly or monthly basis. Participants were asked how the HARP network helps them:

- Shared experiences
- Support, sympathy, examples of success
- Co-production of recovery

When asked what could be done to improve the impact of the HARP network, participants generally felt that the HARP network was on track and had few suggestions. Several encouraged more publication of the network, both prior to release and post-release.

Follow-up Interviews

A final question on the Facebook linked survey asked for permission to contact the participant, and solicited contact information. Nine of the fifteen persons completing the survey provided contact information and indicated receptivity to a phone interview. Seven persons could be reached using the contact information provided. Those seven persons were interviewed over the phone using a semi-structured interview process. Each was informed that responses were confidential, responses would be reported in aggregate, and participation was voluntary. Interview findings are organized by construct.

Post-Release

Participants were asked to describe how their lives have been since release. The HARP alumni spoke broadly about being improved persons. They described personal growth, attending treatment initiatives like AA/NA, and a variety of self-improvement efforts. They also spoke about internal thoughts – how they view themselves as real people following their treatment. Many referred to the ongoing fight to stay clean. Some described efforts to help others stay clean, both within and outside of the HARP network.

Relationship Changes

Interviewees were asked how their relationships have changed as an artifact of HARP and their recovery. Respondents spoke in general terms about improved relationships, particularly with close family. They also spoke about some of the factors that dictate relationship effectiveness, such as trust, forgiveness, and improved decision making. Potential for future relationship growth was described positively.

Employment

Respondents were asked to describe their employment efforts since leaving HARP. Several of the persons interviewed noted they are doing well at their job. Some attribute success to HARP, some to their own initiative. A few of the respondents have found employment in counseling settings and see both economic and emotional validation in their work helping other addicts.

Housing

Participants were asked to describe their current housing situations. Most spoke to the role of recovery housing post-release. Several have found long term success and have made secure, permanent living arrangements. Others are still pursuing long-term arrangements and struggle to find housing. These difficulties are largely a function of employment issues.

Counseling and Treatment

During the interview, respondents were asked to describe their current work in group counseling and therapy or treatment efforts. Several are involved in some variation of a twelve-step program. A small number participate in structured, recurring counseling. Most do not participate in counseling or treatment on a recurring basis and instead view counseling as an endeavor to pursue as needed.

Recommendations for Improvement

Contributors were asked if they would like to make recommendations that could improve HARP. Many noted the importance of HARP in their life and recovery, expressing appreciation for the opportunity. The following responses are paraphrased:

- Keep HARP small.
- Hire effective counselors and pay them well.
- Utilize both male and female counselors.
- Grants are very important to help people transition post-release.

Criminal History Outcomes

Post Release Arrest Analyses

As shown in Table 2, comparisons of criminal history records of those that graduated from the HARP program and those that did not (n=591), 28.4% of HARP graduates were re-arrested post release as compared to 45.4% of non-HARP graduates. HARP graduates are less likely to be arrested post release as compared to non-HARP graduates.

Stated differently,

- 54.6% (n = 286) of non-HARP graduates were NOT re-arrested after their most recent jail release date.
- 71.6% (n = 48) of HARP graduates were NOT re-arrested after their most recent jail release date.

Table 2: Post Release Arrest History

HARP Graduation by Post Release Arrest, ONLY those with Valid Discharge Date			
	Post Release Arrest		Total
	None	Arrest	
Non-graduates	286	238	524
	54.6%	45.4%	100.0%
Graduates	48	19	67
	71.6%	28.4%	100.0%
Total	334	257	591
	56.5%	43.5%	100.0%

P<0.01

Although there appears to be a significant difference, it is important to note this is not a randomized design, so any bivariate effects of treatment on recidivism is subject to spuriousness due to omitted variable bias (e.g., we do not control for other variables that may impact recidivism, such as age or motivation to change).

Results of Multivariate Analysis (Logistic): Predicting Post Release Arrest

- Being male is marginally related to an increased probability of a post release arrest.
- Being a HARP graduate is significantly related to reduced probability of a post release arrest.
- Older individuals are significantly less likely to be arrested post release.
- Individuals with more lifetime arrests are more likely to be arrested post release.
- Some individuals may be at greater risk of recidivism because they were released earlier in time than others, and as a result, had more opportunity to relapse or re-arrested. We attempt to account for this possibility by including time since release from jail into our analyses. Controlling for the number of days since released from jail, HARP graduates are still less likely to be arrested post-release as compared to non-HARP graduates.
- Individuals that are younger at the time of release, have longer criminal histories, and were released earlier in time are more likely to be arrested post release from jail.

Graduation Differences by Sex

Table 3 below reveals that males were significantly more likely to graduate from the program as compared to females. Specifically, 14.6% of males compared to 6.9% of females graduated from the program.

Table 3: Breakdown of Sex and Graduation from HARP

Sex and Graduations			
	Graduation		Total
	No	Yes	
Females	269	20	289
	93.1%	6.9%	100.0%
Males	286	49	335
	85.4%	14.6%	100.0%
Total	555	69	624
	88.9%	11.1%	100.0%

P<0.01

Comparison of HARP Graduates vs. Non-Graduates: Age and Lifetime Arrests

Table 4 provides an analysis of age as it related to graduating from HARP. HARP graduates tended to be older, the average age of a HARP graduate is 35, whereas the average age of a non-graduate is 32. This is similar to other findings that indicate older offenders may be more likely to graduate and benefit from treatment programs.

Table 4: Age

Descriptive Statistics: Age at Time of Release and HARP Graduation						
		N	Age (Minimum)	Age (Max)	Age (Mean)	Age (Std. Dev)
	Non-Graduates	513	18.00	65.00	32.03	8.61
	HARP Graduates	66	22.00	57.00	35.10	8.24

Table 5 provides a breakdown of lifetime arrests for graduates and non-graduates. HARP graduates have a higher average number of lifetime arrests at 16 as compared to Non-HARP graduates at 13; this may be a function of age—older offenders have more opportunity to have more arrests.

Table 5: Lifetime Arrests

Descriptive Statistics: Number of Lifetime Arrests and HARP Graduation						
		N	#Arrests (Min)	#Arrests (Max)	#Arrests (Mean)	#Arrests (Std. Dev)
	Non-Graduates	543	1.00	51.00	13.02	8.22
	HARP Graduates	68	2.00	42.00	16.04	9.10

Relationship Between Opioid Overdose and Criminal Offending

The following descriptive analysis examines those inmates that took part in both the HARP Program and completed the HARP Addiction Survey (n = 188), and examines the extent to which severity of drug use, opiate addiction, and opiate overdose are related to lifetime criminal offending and arrest post-release.

- The average number of lifetime arrests for the sample of HARP survey inmates is relatively high, indicating a high probability of repeat offending and recidivism in the sample. The average number of lifetime arrests is 13.06, with a standard deviation of 7.47 arrests. Over 50% of the respondents reported having 13 or more lifetime arrests.
 - Males and females had similar estimates of lifetime arrests, there were no statistically significant differences between the number of lifetime arrests for male and female Harp Addiction Survey participants.
- Although inmates who reported overdosing in the past year reported a slightly higher number of lifetime arrests (13.76 arrests) as compared to those inmates who did not (11.40 arrests), this difference is not statistically significant. Similarly, although 33.3% of individuals who report an overdose were re-arrested post-release as compared to 11.1% of those who did not report an overdose, this was not statistically significant at the conventional level. However, the frequency of overdose was marginally and significantly related to post release arrest.
 - Risk factors such as suicide risk and severity of mental illness associated with the prevalence and frequency of opiate overdose are not correlated with the number of lifetime arrests or post release arrest.
 - One common risk factor for both opiate addiction and lifetime arrests is length of heroin use. Individuals with longer self-reported heroin use histories had more lifetime arrests.
 - Additional factors that are related to the number of lifetime arrests include age, level of education, and family history of drug use. Older individuals had significantly more arrests, and individuals with higher levels of education and those that reported family history of drug abuse had fewer arrests.

Additional Analyses Related to Programming

As shown in Table 6, participants were removed from the program for a number of reasons. The top three reasons given for removal resulted from infractions of program rules (201), sentence being served (170), and being bonded out of jail (109).

Table 6: Reasons for Release from HARP

Reason for Release From Program			
		#	Percent
Reasons	Served Sentence	170	29.7
	Bond	109	19
	Removed: infraction	201	35
	Voted Out	5	.008
	Participant self-removal	18	3.1
	Re-assigned to work release, DOC, transferred	27	4.7
	Case dismissed	1	.001
	Removed: Mental health or physical health	4	.006
	Total	535	91.52

HARP Dates: Entry and Discharge Dates

As shown in Table 7, approximately 602 have been involved in the HARP program, with increasing enrollment/participation every year.

Table 7: Discharge by year

Inmates Discharged by Year					
		#	Percent	Valid Percent	Cumulative Percent
Year	2016.00	88	13.8	14.6	14.6
	2017.00	210	33.0	34.9	49.5
	2018.00	287	45.1	47.7	97.2
	2019.00	17	2.7	2.8	100.0
	Total	602	94.5	100.0	
Missing		35	5.5		
Total		637	100.0		

Effectiveness of Program Components

We examined the effects of program participation in any of the jail-based treatment programs on post-release arrest. We examined whether the following components of the HARP program were correlated with a reduced post-release arrest:

- Participation in Peer Recovery Program
 - Participation in/receiving transitional housing
 - Participation in the Rising Strong program
- Results from bivariate correlations indicate that participation in each program is significantly correlated with another program, with one exception.

- This indicates individuals that participated in one form of jail-based treatment (e.g., Peer recovery) were also, generally speaking, more likely to participate in another program (e.g., Rising Strong).
- One major exception to this pattern is for participation in the housing program—participation in housing programs is only correlated with participation in the Rising Strong program. Rising Strong participants (23.7%) were more likely to participate in the housing program, as compared to non-participants (11.1%).
- Finally, we examine the effects of participation in each program component on post-release arrest, accounting for the effects of age of release, life time arrests, and gender on post-release arrest.
 - Individuals who participated in each program were statistically less likely to have an arrest as compared to those individuals who did not. Thus, although not all individuals graduated from the HARP program, there is some evidence to suggest that participation in the program may still be beneficial.
 - As in the analysis examining the effects of HARP on post-release arrest, other factors that were consistently related to the increased probability of post-release arrest included age at release and number of life time arrests. Older individuals and those with fewer life time arrests were less likely to have an arrest post-release.

Additional Community Impacts

It is important to acknowledge the additional impacts HARP has had on the lives of those in the program as well as the community.

- As part of a two-year \$250,000 mental health grant received in July 2017 from the Department of Criminal Justice Services, 96 HARP participants with a mental health diagnoses received 30 day housing in an approved community-based recovery house, between September 2017 and January 2019. Originally, the grant paid for 90 days per individual; however, volume and expense forced jail administrators to reduce the amount of time from 90 days to 30 days. Additionally, participants received transportation to counseling appointments, probation meetings, or other official business meetings, and have had mental health services paid out of the grant. Most recently, the grant was continued for an additional \$324,073, to include Medication Assisted Treatment (MAT).
- Chesterfield County Jail was one of 15 jurisdictions selected nationally and the only jurisdiction in Virginia to be selected by the Intergovernmental Research, on behalf of the United States Department of Justice, the Bureau of Justice Assistance, and Arnold Ventures to participate in the *Planning Initiative to Build Bridges between Jail and Community-Based Treatment for Opioid Use Disorder*. The program is a 9-month initiative to help communities develop a comprehensive continuum-of-care model that targets jail populations.
- As a result of the HARP Program, Sheriff Leonard has been asked to serve as a member of the following state level workgroups: National Governor's Association Learning Lab on Addressing Infectious Diseases Related to Substance Use, Virginia Drug Treatment Court Advisory Committee, Virginia Department of Health Workgroup on High Census in Virginia's State Hospitals for Individuals with Mental Illness, and the Virginia Sheriff's Association Legislative Committee.
- Members of the Sheriff's Office regularly engage communities by providing education in efforts to reduce the stigma associated with substance abuse. Such activities include working with local police departments, speaking with university students, and other community members.
- To close the gap of homelessness among probationers in Chesterfield County, those removed from recovery homes after-hours are housed at the jail overnight until they can be placed in another recovery home.

- While in the HARP program, 35 participants were trained to be Peer Recovery Specialists. Participants received 75 hours of training while incarcerated and an additional 500 hours that can be completed and supervised at the Substance Abuse and Addiction Recovery Alliance Center (SAARA), a community-based recovery center. To date, no HARP participants have received their certification; however, a number of them reported working toward completing their hours and preparing for the tests.
 - As part of PRS training, female HARP participants began monitoring the substance abuse hotline at the SAARA Center from 4 pm - midnight; however, between midnight and 8 am, there was no hotline coverage until the SARRA Center reopened the next morning. Realizing the problems associated with this limited schedule, Sheriff Leonard allows program participants to answer calls from the jail between midnight and 8 am.
- The concept of HARP has expanded to other jurisdictions. Mentors from the male and female programs were transferred to two other jails in Virginia to begin HARP-type programs.
- Jail staff instituted a Reentry Council in which 50 partners from public and private agencies convene to address reentry needs.
- HARP was the subject of a documentary about heroin and opioids filmed by an Emmy Award winning producer based in New York City. The producer spent a week in Chesterfield filming the program in the jail, interviewing HARP participants, riding along with police, interviewing a number of criminal justice professionals, and meeting with recovery specialists.
- HARP participants consistently shared with evaluators that they had a more positive view of law enforcement officials as a result of the compassion shown to them by Sheriff Leonard, Captain Jones, and the deputies assigned to HARP. Several HARP participants discussed having the arresting officer visit with them in jail. HARP participants stated,
 - “The guards in the jail make you feel like a human being not a worthless prisoner.”
 - “If we can change the minds of law enforcement, then the rest is easy.”
- HARP has been the subject of over 100 news stories and has received a number of visits from elected officials from both political parties.

Impact Narratives

Lengthy semi-structured interviews were conducted with former HARP participants who are now living a life in recovery. Recovery times varied from nine months to four years.

While each person interviewed discussed their personal path to recovery and their journey since being released from HARP, they all told a similar story of HARP saving their lives. Stories of traumatic events, homelessness, multiple overdoses, lengthy criminal histories, multiple incarcerations, fractured or estranged family relationships, institutionalized mindsets, untreated mental health problems, numerous attempts at “being clean”, including use of MAT, and hurting anyone who got in their path of destruction dominated their lives prior to HARP.

Everyone described HARP as treating addicts with compassion, respect, and understanding. Participants did not feel stigmatized by jail staff, program facilitators, or visitors from the outside. Many learned for the first time that their addiction was a disease rather than a character or moral defect. This information resonated well with them because several questioned their ability to live in recovery considering their extensive histories with drugs.

Several of those interviewed talked about cycles of arrest and threats of long periods of incarceration that had no impact on their use patterns. As one male explained, at one point the judge ordered him to complete a treatment program and to stay clean or else face the 10-year previously suspended sentence. Within hours of release from jail, he was injecting heroin. He recounted a familiar pattern of arrest, incarceration, and release that happened in what he described as too many times to count. The last time he was arrested he went into the HARP program with the support of the judge.

As several former HARP participants described, HARP’s support system and peer-to-peer format opened the door for change. These men and women took advantage of the opportunities offered in HARP so that they could learn about themselves through counseling, trauma informed care, and how their past impacted their decisions to engage in risky behaviors. While they acknowledged prior participation in other treatment programs, they all talked about being “ready” for change once they got to HARP. Elements of personal responsibility in their journeys were evident. No one blamed others for their past situations. They seemed to have made sense of and understood the domino effect of their decisions to use drugs.

Everyone acknowledged the challenges they face in recovery - some talked about extensive criminal histories, including violent offenses that define them on paper while others talked about having to start from nothing and being okay with that. Regardless of their challenges, everyone independently agreed that recovery is possible despite the

lack of resources and difficulty in obtaining them. As one former addict and current substance abuse counselor noted, "It takes willpower to get clean but there are people to help you if you want it."

These individuals distinguished between living in recovery and being clean. Recovery was described as a verb - the process of addressing the reasons we used whereas being clean is based on the notion of abstinence. As one person explained, "For me, recovery is realizing my strengths and gifts to the human race based on my past childhood experiences." Others talked about the chance to live a full life with family and the notion of paying it forward, making reference to working in the recovery field to help those still using drugs. Participants enthusiastically described their recovery successes that they fully attribute to the opportunities provided to them in HARP coupled with their desire to change. The following examples were provided:

- Maintaining employment and enjoying it.
- Working my "dream job" as a Peer Support Specialist.
- Improved daily functioning - striving to be healthy and no longer experiencing the urge to use drugs.
- Improved relationships with family, including regaining custody of children and going on family vacations.
- Opportunities to share successes with others: working in the recovery field as house managers, as peer specialists, or speaking at recovery conventions.

Participants indicated that Sheriff Leonard and his staff's willingness to be different and circumvent the typical bureaucratic process is what makes HARP successful. As several explained, it is not often that an addict wants to go back to jail but they wanted to return to jail after release (referring to attending group counseling sessions). They all shared the view that the connections they made inspired and motivated them to be better tomorrow than they were yesterday or today.

Lastly, it is important to acknowledge the nature and the volume of text messages and emails, estimated to be more than 80 that Sheriff Leonard has received from HARP participants and/or family members. All messages are positive in nature. Participants and family members praise the HARP Program, thank Sheriff Leonard for saving their lives, comment on the quality of services received, as well as commend jail staff.

Conclusions

Researchers collected a variety of information across a seventeen month period, including quantitative and qualitative data. Qualitative data included: focus groups and observations with HARP participants, interviews with internal and external stakeholders, interviews with HARP alumni and family members, and an assessment of the HARP alumni closed Facebook site. Quantitative data sources included a survey of HARP participants, analysis of inmate data, analysis of arrest data, and an assessment of records. These data produced findings that addressed a series of research questions defined prior to data collection. Those findings support a number of conclusions.

Current and former HARP participants overwhelmingly articulated appreciation for Sheriff Leonard, Chesterfield County jail personnel, and the mental health and treatment providers. They noted the consistency of support across the system, all oriented towards supporting their opportunity to recover. Many noted that this support endures post-release, citing the ability to return to the jail to participate in group sessions and obtain emotional support.

The HARP program provides an opportunity for recovery. Through multiple modalities (including peer-to-peer counseling, progression through defined phases, medical and mental health treatment, ancillary programs, post-release support) participants are provided a holistic approach to recovery. While the responsibility for recovery rests with the participant, the opportunity and tools needed for recovery and maintaining sobriety are available.

HARP is consistently described as a supportive family. Mentors provide internal guidance, post-release alumni provide support (via activities, Facebook site, and effort). Participants want to recover for themselves, their families, and the HARP network. They equate their recovery to something beyond their personal interests.

Crime and arrest data indicate that HARP graduates recidivate at a lower level than non-HARP graduates. While there is not sufficient data to specify the long-term impacts of HARP, available data clearly indicates a positive impact through HARP participation.

Post-release resources were frequently described as issues of concern among HARP participants. Housing, transportation, employment, and stress represent obstacles to sobriety and recovery. County level investments which address these issues will facilitate recovery, reduce recidivism, and minimize the potential for overdose crises.

The scale of investment on return for HARP has been substantial. The program was originally created using internal funding allocations. Many of the service providers are low-cost or volunteers. A line of funding for the county supported a slight

expansion of HARP. Additional funding could provide further expansion, augmented programming, and improved pre and post release support.

Expansion of HARP within Chesterfield County Jail would provide greater benefits to inmates. Jail residents have a high degree of drug history and abuse – HARP can help to address and minimize these problems.

Recommendations: Moving Forward

It is important to recognize that HARP is an evolving program. While a number of changes have been made over the course of the evaluation, the following recommendations are based on data from interviews with internal stakeholders, focus groups and interviews with current and former HARP participants, survey data, and programming and correctional literature.

Recommendations are provided in four categories:

1. Admissions and Assessments
2. Programming
3. Data Collection
4. Other

Admissions and Assessments

- Develop clear admissions criteria and implement an application process that assesses applicants in a consistent manner.
- Consider applicant's motivation for change using a reliable and valid instrument as part of the application process.

Programming

- Implement clear graduation guidelines. In a traditional cohort model, all participants would start at a specified time, move through elements on a schedule, and complete or "graduate" as a cohort. The current structure of HARP precludes a formal completion of Phase 1 and makes the structure more opaque.
- Programming should vary based on length of stay and risk and need. SAMHSA (2005) has developed a framework of treatment components for individuals with brief (1-4 weeks), short term (4-12 weeks), and long term stays (3 months or more).
 - Considering that HARP graduates spent at least 6 months in the program, participants should have incarceration projections for at least that amount of time so they have the opportunity to graduate. Research shows that the amount of time spent in treatment is correlated with treatment effectiveness.

- Peer counselors should have at least a year of clean time before they are eligible to lead groups.
- Facilitators and participants should adhere to curriculums.

Data Collection

- A critical aspect of determining effectiveness is having the data to support assessment. Creating shared files (e.g. Google Drive) would allow a central location to collect and house essential data.
- Program staff and/or program facilitators should collect data on those receiving services.
- Collect data post-release for those receiving support services. Examples may include collecting follow up data on those returning to the jail to attend groups and those receiving grant funding.

Other

- A number of those interviewed suggested HARP develop an advisory council that would work closely with program managers to strengthen efforts of the HARP program. If implemented, the advisory council should be comprised of professionals with knowledge of jail-based treatment services, researchers, as well as those from the recovery community.
- Many of those interviewed discussed the need to improve county-wide efforts regarding education and identification of risk factors for substance abuse.

References

Cammarata, S. (2018). *"Interactive map: Opioid overdoses claimed the lives of over 1,200 Virginia residents last year."* NBC 4 Washington, April 19.

Center for Substance Abuse Treatment. *Substance Abuse Treatment for Adults in the Criminal Justice System*. Treatment Improvement Protocol (TIP) Series 44. DHHS Publication No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

Centers for Disease Control and Prevention (2016). HIV and injection drug use: Syringe services programs for HIV prevention. Retrieved from <https://www.cdc.gov/vitalsigns//hiv-drug-use/>

NIDA. (2019, January) Opioid Overdose Crisis. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioids-overdose-crisis>

Appendix 1. Descriptive Statistics of Overdose Risk Survey

	N	Mean	STD	Min	Max
Inmate	197	0.7970	0.40329	0.00	1.00
<i>General Population</i>	40 (20.3%)				
<i>HARP</i>	157 (79.7%)				
Age	194	33.0155	8.97577	18.00	60.00
<i>18 - 24</i>	34 (17.5%)				
<i>25 - 29</i>	48 (24.4%)				
<i>30 - 34</i>	41 (20.8%)				
<i>35 - 39</i>	30 (15.2%)				
<i>40 - 44</i>	20 (10.2%)				
<i>45 - 49</i>	8 (4.1%)				
<i>50 - 54</i>	8 (4.1%)				
<i>55 or older</i>	5 (2.5%)				
Sex	197	0.4416	0.49785	0.00	1.00
<i>Female</i>	110 (55.8%)				
<i>Male</i>	87 (44.2)				
Race/Ethnicity	194				
<i>White</i>	145 (74.7%)				
<i>Black</i>	41 (21.1%)				
<i>Bi-Racial</i>	4 (2.1%)				
<i>Latino</i>	3 (1.5%)				
<i>Other</i>	1 (0.5%)				

Education	196				
<i>Less than HS Diploma</i>	60 (30.6%)				
<i>GED/HS Graduate</i>	69 (35.2%)				
<i>Some college</i>	53 (27.0%)				
<i>College Graduate</i>	14 (7.1%)				
Employment	153				
<i>Yes (Part or Full time)</i>	86 (43.7%)				
<i>No</i>	67 (34.0%)				
Marital Status	197				
<i>Single</i>	133 (67.5%)				
<i>Married</i>	27 (13.7%)				
<i>Separated</i>	14 (7.1%)				
<i>Divorced</i>	23 (11.7%)				
Children	180	1.66	1.54	0	10
<i>No</i>	46 (25.6%)				
<i>Yes</i>	134 (74.7%)				
Residence Prior to Jail	196				
<i>Housed/living with family</i>	109 (55.6%)				
<i>Living with friends</i>	42 (21.4%)				
<i>Recovery housing</i>	6 (3.1%)				
<i>Homeless</i>	39 (19.9%)				

Mental Health Condition	197				
<i>No</i>	34 (17.4%)				
<i>Yes</i>	162 (82.7%)				
Prevalence Suicide	194				
<i>No</i>	120 (61.9%)				
<i>Yes</i>	74 (38.1%)				
Frequency Overdose	176	2.233	4.04	0	40
<i>No</i>	68 (34.5%)				
<i>Yes</i>	129 (65.5%)				
Family History Drug Use	197				
<i>No</i>	62 (31.5%)				
<i>Yes</i>	135 (68.5%)				
Age of Onset Drug Use	195	14.22	4.18	8	33
Drug Use Variety Score	197	4.26	1.47	1	6
Injection Drug Use Score	187	2.51	2.14	0	7